

**Authorization (BOR)**

Dated:

Claimant ID/SSN.:

BOR Docket No.: (If Issued)

In accordance with 56 Ill. Adm. Code 2720.20(e)

I, \_\_\_\_\_ (Check One) ( ☐ Claimant ☐ Employer), in the above  
referenced Docket number hereby authorize:

Name:

Address:

Address 2: (Apt./Floor/Suite/Etc.)

City:

State:

Zip Code:

Telephone:

Ext:

to review my Board of Review File in connection with addressing the appeal in this matter. I understand that upon request and reasonable notice, either written or oral, my Board of Review File may be inspected during normal business hours at the Office of the Board of Review at 33 South State Street, Chicago, Illinois and that a copy of my Board of Review File may be obtained at my own expense.

Signature (Claimant / Employer)

Board of Review  
33 South State Street  
9th Floor  
Chicago, Illinois 60603-2802  
[www.ides.illinois.gov](http://www.ides.illinois.gov)

Chicago: 1-800-821-3550  
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